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Brief

prepared for presentation before

The Ontario Medical Services
Insurance Inquiry

by

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QUALIFICATION

It is necessary that this Inquiry be informed of the qualifications of the parties who have prepared and present this brief.

Zifkin Biological Laboratory is a long-established, reputable diagnostic Laboratory whose high standard of accuracy and service have earned it the trust and respect of many Hospitals and Medical Practitioners across Canada. The existence of this laboratory is due to the referral of patients by physicians.

Its director -- Mr. Harry Zifkin -- has more than 30 years of technical experience in the field and has set up and supervised literally hundreds of thousands of tests.

This laboratory is under direct medical supervision.

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Like all technical members of his staff, he is a member of The Canadian Society of Laboratory Technologists.

Mr. Zifkin also holds a Licentiate in the Canadian Society of Laboratory Technology.

The combined experience of the technical staff totals more than 75 years.

The Zifkin Biological Laboratory has always devoted a great deal of its time to the evaluation and introduction of new tests and methods.

These are just a few of the qualifications that justify the presentation of this brief by

Zifkin Biological Laboratory Limited.

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Any future medical program by government should take advantage of existing facilities by recognizing fully qualified private Clinical Laboratories.

While not opposing medical clinical
labs operated by government, it is our
belief that the private Clinical
Laboratories should share in the
development of medical service and
become -- in essence -- an effective
arm of the government service!

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It is our contention that any government-sponsored Medical Services
Insurance program must take into consideration the position of the
private Clinical Laboratory in the general scheme of things.

As things stand in Ontario today certain health-insurance programs refuse to recognize certain established clinical laboratories as a legitimate and integral part of a patient's medical care—unless the billing is done by a medical practitioner.

Such a situation often creates financial difficulties for patients who find themselves in the position of paying for medical-care insurance, yet suddenly discovering that they must still expend sums of money on an important part of diagnosis because the insurance plans refuse to recognize certain established clinical laboratories.



NOT ALL....

for it is apparent that many tests are made by medical practitioners in their own labs with sometimes inadequate equipment yet they remain eligible to receive funds from the insurance plan.

This takes out of the hands of the patient his right to freedom of choice as to which laboratory should do certain tests.

And this is an additional contention on the part of this Laboratory.... that the medical technologist has the same relationship to medicine as does the pharmacist.

THAT IT IS UNETHICAL FOR THE PHYSICIAN

TO RECOMMEND SPECIFIC DRUGGISTS...AND

SHOULD BE EQUALLY UNETHICAL FOR THE

PHYSICIAN TO RECOMMEND A CERTAIN CLINICAL

LABORATORY.



Several pre-paid medical services in Ontario do now recognize the clinical laboratory as an integral part of diagnosis and honor bills submitted by such laboratories..... among them

Associated Medical Services

Medic - all

It is our impression that Physicians Services Inc.,
proposes the major opposition to certain clinical Laboratories.

Though PSI does not refuse full recognition, there are certain restrictions and difficulties designed to make it difficult for patients to have tests made in clinical labs of their own choice.

The opposition appears to be based on the principle that non-medical people should not be included in certain prepaid schemes.



We feel that any technologist with a Certificate of Licentiate from

The Canadian Society of Laboratory Technologists should be acceptable

as being capable of administration of a clinical laboratory.

(see appendix)

It has been recently recognized in the U.S. that clinical chemists operate labs....that they are out of the sphere of medical practice....they do not make diagnosis.

They simply report facts to medical practitioners to aid them in making their diagnosis.

IN THIS CONTEXT IT SEEMS TIME TO
ACCEPT THE FACT THAT CLINICAL
LABORATORIES MAY BE OPERATED BY
OTHER THAN MEDICAL MEN.



There is, additionally, an element of restriction of trade in any opposition to inclusion of Clinical Laboratories in any universal pre-paid medical service insurance.

In a recent editorial published in the July 15,

1963 issue of Chemical and Engineering News (USA)

Dr. Richard L. Kenyon, director of publications,

applied journals, the American Chemical Society,

states: "....It is general policy....to oppose

collusion or restriction that might reduce

competition in the business world. Barring a

competent individual from technical work by

regulation is not too far away in spirit from

restrictive practice in business. A shortage

of clinical laboratories is recognized.

Limitations except on grounds of competence or

ethics promises an unnecessary aggravation of

the shortage, with no compensatory advantages."

Such collusion and restrictive practice is equally abhorrent to Canadians.



The September 1963 issue of LAB WORLD has published a comprehensive report on the situation in the United States (one which finds many echoes in Ontario.)

"Many clinical chemists....feel that the controversy, in reality, is not widespread but is being kept alive by a relatively few people. One clinical chemist quoted states:

'The best of good will and confidence is maintained between the scientist directors of private clinical laboratories and the physicians they serve. This is a personal relationship born of respect for the scientist's right to apply his science and of respect for the physician's right to diagnose and care for his patient."



LAB WORLD story continues:

"To drive out the incompetents in the field, many are advocating licensing laws...."

IN THIS POSITION ZIFKIN BIOLOGICAL LABORATORY
HEARTILY CONCURS. WE HAVE ADVOCATED PROFESSIONAL
RECOGNITION BY LICENSING THAT WOULD PLACE CLINICAL
LABORATORIES, UNDER THE DIRECTION OF REGISTERED
MEDICAL TECHNOLOGISTS, IN THE SAME GENERAL CATEGORY
OF RECOGNITION AS THE PHARMACIST.

We return to the LAB WORLD report for further comments.



"The assertion that clinical laboratories' work constitutes the practice of medicine is emphatically denied by clinical chemists and microbiologists. As one of them says, 'We are no more practicing medicine than is the pharmacist or the manufacturer of surgical instruments'."

Zifkin Biological Laboratory makes NO diagnosis or prognosis, but merely acts to assist the doctor in making his diagnosis by carrying out recognized tests as requested by the doctor.

These comments are brought into this discussion to point up the fact that certain opposition to the recognition of some clinical laboratories as an integral part of the medical treatment—therefore calling for their inclusion in any prepaid health insurance program—is not an imagined situation on our part; nor particularly unique to Ontario.

And to clarify to the members of this Inquiry Board the fact that the clinical laboratory is an important part of medical treatment—

the exclusion from the medical care
of this important aspect of treatment
can create financial hardship for
many of our citizens.



To summarize:

We contend that when the Ontario Medical Insurance Program is outlined it should consider as part of the program every single aspect of medical care.....

- -- the medical practitioner
- -- the hospital care
- -- the pharmacist
- -- the clinical laboratory
 such as Zifkin Biological
 Laboratory

and furthermore, that it be spelled out clearly that it is the patient's inalienable right of democratic choice to take his prescription where he or she wishes...and, in the same general context of free choice, to have clinical tests done by any clinical laboratory of his or her choice with no fear of having to pay extra cash because of that choice; and that the physician heed the ethics of not recommending any specific clinical laboratory—as he should not and does not recommend any pharmacist.



Any future medical program by government agencies should take advantage of existing facilities by recognizing fully qualified private clinical laboratories.

While not opposing medical clinical labs operated by government, it is our feeling that the private Clinical Laboratories should share in the development of medical service and become — in essence — an effective arm of the government service?

Thank you for your interest and attention.

(Appendix follows)



APPENDIX

Canadian Society of Laboratory Technologists REQUIREMENTS FOR LICENTIATE CERTIFICATION

(as held by Mr. Harry Zifkin)

CANDIDATES "A"

- 1. Have a reasonable knowledge of the literature published in various journals, reference books, etc., which is pertinent to that particular "subject".
- 2. Have the ability to evaluate new methods and equipment, and be fully qualified to put these into effect when and where possible.
- 3. Have a thorough and detailed knowledge of the techniques, principles, sources of error, normal values and calculations, as related to the subject of examination.
- 4. Have a reasonable knowledge of the interpretations of normal or abnormal results.
- 5. Be fully capable of managing the department.
- 6. Be completely competent to instruct in any phase of the work in that discipline.

CANDIDATES "B"

- 1. Have a reasonable knowledge of the literature published in various journals, reference books, etc. which is pertinent to laboratory technology in general.
- 2. Have demonstrated a continual search for new techniques and equipment to be introduced into the laboratory.
- 3. Have a reasonable knowledge of their techniques, principles, and interpretation of results.
- 4. Be completely competent to assist in the instruction in any of the disciplines.
- 5. Be fully acquainted with the organization and management of a large laboratory in aspects such as:
 - (a) Departmental organization of the laboratory.
 - (b) Organization of methods and procedures.
 - (c) Control of methods and procedures.
 - (d) Training of Personnel.
 - (e) Laboratory office procedures.
 - (f) Purchasing and supply.
 - (g) Personnel regulations and control.
 - (h) Hospital or institutional organization -
 - 1. Departmental organization of hospital or institution
 - 2. Liaison between the laboratory and administration, and also other departments.

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